## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Lexicon	m m / D D / Y Y Y Y
Mailing Address 10300 Farnham Drive	09 22 2012 nount
City State Zip Code Bethesda MD 20814	20.00
Purpose of Expenditure Design Flier  Category/ Type  Office So	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  DEAN HELLER  Check O	President  One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 26133.96	ment For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee Lexicon	one te
Mailing Address 10300 Farnham Drive  An	nount
City State Zip Code Bethesda MD 20814  Tra	10.00 nsaction ID : D451152
Purpose of Expenditure Design Flier  Category/ Type  Office So	Ought: House State:  Senate District: 00  President
Name of Federal Candidate Supported or Opposed by Expenditure:  Barack Obama  Check O	
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ment For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date  Signature	24 / 2012